

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

1 OF 12  
RECEIVED  
FEC MAIL CENTER  
2016 OCT -7 AM 11:48  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

I AM DYSLEXIA LLC

ADDRESS (number and street)

14318 COSETTE WAY N



Check if different than previously reported. (ACC)

Hugo

MN

55638-4490

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000586768

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period

04 / 01 / 2016

through

09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOHN BERGER

Signature of Treasurer

*[Handwritten Signature]*

Date

10 / 04 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2 of 12

Write or Type Committee Name

I Am Dyslexia LLC

Report Covering the Period:

From:

07/01/2016

To:

09/30/2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		6826
(b) Cash on Hand at Beginning of Reporting Period.....	1005248	
(c) Total Receipts (from Line 19).....	402500	924859
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1404748	1592985
7. Total Disbursements (from Line 31).....	188539	323776
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1219209	1219209
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2016-10-07 09:00:11 AM

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3 of 12

Write or Type Committee Name

I Am Dyslexia

Report Covering the Period:

From:

07/01/2016

To:

09/30/2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other  
Than Political Committees  
(i) Itemized (use Schedule A).....

385000

203156

- (ii) Unitemized .....

12500

221703

- (iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

402500

924859

- (b) Political Party Committees .....

- (c) Other Political Committees  
(such as PACs).....

- (d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

402500

924859

12. Transfers From Affiliated/Other  
Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account  
(from Schedule H3) .....

- (b) Levin Funds (from Schedule H5) .....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

402500

924859

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

402500

924859

20161007 03:00:11:24

Page 4 of 2

**COLUMN B**  
**Calendar Year-to-Date**

- 261834  
323776
- 323776
- 323776

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 of 12

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	402500	929859
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	402500	929859
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	88539	323776
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	88539	323776

2016-10-07 08:00:16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

I AM Dyslexia LLC

Full Name (Last, First, Middle Initial)

A. RUN SIGN UP

Mailing Address

300 Mill St. Suite 200

City

Moorestown

State

MS

Zip Code

08057

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

09/12/2016

Amount of Each Receipt this Period

2300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eagle Bank

Mailing Address

7015 Woodmont Ave

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09/12/2016

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Academy of Education

Mailing Address

20381 The Vista Way

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09/12/2016

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

730.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **7** OF **12**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**I Am Dyslexia LLC**

Full Name (Last, First, Middle Initial)

A. **DAVID GAUTHIER**

Mailing Address

**3629 Camelot Dr.**

City

**ANNANDALE**

State

**VA**

Zip Code

**22003**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Sliding Doors LLC**

Occupation

**Owner**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**25000**

Date of Receipt

**09/12/2016**

Amount of Each Receipt this Period

**25000**

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **OAKWOOD SCHOOL**

Mailing Address

**7210 BRADDOCK RD.**

City

**ANNANDALE**

State

**VA**

Zip Code

**22003**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**50000**

Date of Receipt

**09/12/2016**

Amount of Each Receipt this Period

**50000**

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **RUN SIGN UP**

Mailing Address

**300 Mill St., Suite 20**

City

**MOORESTOWN**

State

**NJ**

Zip Code

**08057**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

**50000**

Date of Receipt

**09/12/2016**

Amount of Each Receipt this Period

**25000**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

**102000**

TOTAL This Period (last page this line number only).....▶

**102000**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **8** OF **12**

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**I Am Dyslexia LLC**

Full Name (Last, First, Middle Initial)

A. **ELLEN O'NEIL**

Mailing Address

**22 W. Jefferson St.**

City **Rockville**

State **MD**

Zip Code **20850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ASDEC**

Occupation

**Exec. Dir.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**09 / 23 / 2016**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **GINA NELSON**

Mailing Address

**24806 Labrador Bend Rd.**

City **Reliance Rapids**

State **MN**

Zip Code **56572**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Lake Home NW**

Occupation

**Owner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**07 / 21 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **GINA NELSON**

Mailing Address

**24806 Labrador Bend Rd.**

City **Reliance Rapids**

State **MN**

Zip Code **56572**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Lake Home NW**

Occupation

**Owner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**08 / 21 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**4500.00**



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 9 OF 12	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

I AM DYSLEXIA LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GWA Nelson  
Mailing Address 24006 LAGARDE BEACH RD.  
City PERICARADOS State MN Zip Code 56572  
FEC ID number of contributing federal political committee. C  
Name of Employer (for Individual) Lila Home RN Occupation (for Individual) OWNER  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date 700.00

Date of Receipt

09 / 21 / 2016

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RACHNA VARIA  
Mailing Address 1410 ROBERT PARIS CT.  
City CHARLITY State VA Zip Code 2151  
FEC ID number of contributing federal political committee. C  
Name of Employer (for Individual) MINDWELL DANCE Occupation (for Individual) Psychiatrist  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date 500.00

Date of Receipt

08 / 09 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUZAN DANKER  
Mailing Address 14602 BATTERY RIDGE LN  
City Centerville State VA Zip Code 20120  
FEC ID number of contributing federal political committee. C  
Name of Employer (for Individual) Dealing & Learning Center Occupation (for Individual) Owner  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date 2500.00

Date of Receipt

08 / 29 / 2016

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 10 OF 12	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

*I AM DYSLEXIA LLC*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. *TAMARA TINKHAM*

Mailing Address  
*4815 LILAC DR N*

City *Lake Elmo* State *MN* Zip Code *55042*

FEC ID number of contributing federal political committee. *C*

Name of Employer (for Individual) *SELF* Occupation (for Individual) *PSYCHOLOGIST*

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date *250.00*

Date of Receipt

*09/10/2016*

Amount of Each Receipt this Period

*250.00*

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. *TAMARA TINKHAM*

Mailing Address  
*4815 LILAC DR N*

City *Lake Elmo* State *MN* Zip Code *55042*

FEC ID number of contributing federal political committee. *C*

Name of Employer (for Individual) *SELF* Occupation (for Individual) *PSYCHOLOGIST*

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date *500.00*

Date of Receipt

*09/25/2016*

Amount of Each Receipt this Period

*250.00*

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. *TAMARA TINKHAM*

Mailing Address  
*4815 LILAC DR N*

City *Lake Elmo* State *MN* Zip Code *55042*

FEC ID number of contributing federal political committee. *C*

Name of Employer (for Individual) *SELF* Occupation (for Individual) *PSYCHOLOGIST*

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐ Aggregate Year-to-Date *550.00*

Date of Receipt

*09/25/2016*

Amount of Each Receipt this Period

*50.00*

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

*550.00*

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

I AM Dysoria LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A.

Tirahany Segrest

Mailing Address

406 Higuera St.

City

SAN WIZ GILLES

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LINGA-Bell

Occupation (for Individual)

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

09 / 07 / 2016

Amount of Each Receipt this Period

25000

☐ Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25000

385000

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

I AM Dyslexia LLC

Full Name (Last, First, Middle Initial)

A. YMCA Camp Duncan

Mailing Address

32405 N Hwy 12

City

Ingleside

State

IL

Zip Code

60041

Purpose of Disbursement

Education

Candidate Name

0011

Category/  
Type

Date of Disbursement

07/18/2016

Amount of Each Disbursement this Period

1409.20

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Artimize.NET

Mailing Address

P.O. Box 8999

City

SAN FRANCISCO

State

CA

Zip Code

94128

Purpose of Disbursement

Traveler's fees

Candidate Name

05

Category/  
Type

Date of Disbursement

09/02/2016

Amount of Each Disbursement this Period

2500

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

0000

Category/  
Type

Date of Disbursement

MEM / DDD / YYYYYY

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

173920


173920


2016-10-07 09:00:00

# PRIORITY® ★ MAIL ★

 DATE OF DELIVERY SPECIFIED \*

 USPS TRACKING™ INCLUDED \*

 INSURANCE INCLUDED \*

 PICKUP AVAILABLE

\* Domestic only

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.

RECEIVED  
FEC MAIL CENTER  
2016 OCT -7 AM 11:40



PS00001000014

EP14F July 2013  
OD: 12.5 x 9.5

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55403  
OCT 16  
AMOUNT  
**\$6.45**  
R2304Y122951-12



20463



1006

FROM:

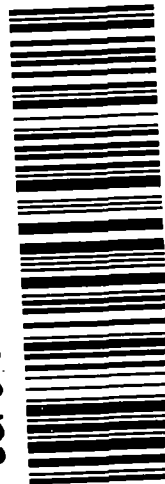
2 Am Dyslexia LLC  
14318 Coeette Way N  
Hugo, MN 55038-4440

TO:

Federal Election Commission  
999 E. Street NW  
Washington, DC 20463

Expected Delivery Day: 10/07/2016

USPS TRACKING NUMBER



9505 5132 8592 6279 0139 54

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☒ USPS Priority Mail Postmarked

10-05-2016

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

*hws*

PREPARER  
(3/2015)

10-07-2016  
DATE PREPARED

2016-10-07 09:00:10Z